

Change of Designated SL Broker Form

(Form AL-DSLB 1)

SURPLUS LINE BROKER: _____

DBA NAME: _____

LICENSE NUMBER: _____

OLD DESIGNATED SL BROKER(S) NAME:

NEW DESIGNATED SL BROKER(S) NAME:

PLEASE MAIL TO: Alabama Department of Insurance
Producer Licensing Division
P O Box 303351
Montgomery, AL 36130-3351